* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	• • • •	Description									Cost	•				erage		Convenience
			M		Type of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ADAMS	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
BARNES	Blue Cross Blue Shield of North Dakot				•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								İ
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
	O Bi	Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200				•			\$0.00 \$85.00	-				-				
BENSON	Blue Cross Blue Shield of North Dakot					•			\$30.22									
BENSON	Dide Closs Dide Ghield of North Dakot	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
										ψ+0.00							30	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		ļ		•			\$0.00	\$0.00	•			•			97	•
BILLINGS	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02									
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
-	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200	<u> </u>		1	•			\$0.00 \$85.00	-				 	-			
		Occure folizons Direct Fremier Plan 200			1				φου.υυ				l .	l	1	l	l	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	<u> </u>	Description									Cost	•	<u>′</u>			erage		Convenience
		·	Ме		ype of Advantage	Plan					D	rug Deduct	ible		Type of Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BOTTINEAU	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
BOWMAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00	•			•			97 97	•
BURKE	Blue Cross Blue Shield of North Dakota								\$30.22	-	-						31	·
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
-	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		1		•			\$0.00	\$0.00	•			•			97	•
BURLEIGH	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3		 		•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200		1		•			\$85.00	-				l		l]

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	oontracto/plane approved as	Description									Cost	•				erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CASS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	.			\$137.92 \$0.00	\$53.90 \$0.00							97 97	•
	Medica Health Plans	Medicare Advantage Solution Choice				- : -			\$1.87	\$1.87	·		•	•			90	-:
1		Medica Advantage Solution	1				t -		ψ1.07	ψ1.07	1					1	- 50	
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
CAVALIER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025							\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-							Ü.	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
DICKEY	Blue Cross Blue Shield of North Dakota				•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	•				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible	-	Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо		Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DIVIDE	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential							\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00							97 97	•
DUNN	Blue Cross Blue Shield of North Dakot								\$30.22	-				,			91	
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00							97 97	•
EDDY	Blue Cross Blue Shield of North Dakot								\$30.22	-				,			91	
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00							97 97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200				•			\$0.00 \$85.00	-								
EMMONS	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00	•						97 97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-							-	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description						9			Cost	7 G. P.G	,			erage		Convenience
			М		Type of Advantage	Plan					D	rug Deduct	ible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FOSTER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential							\$30.22	_								
rootex	Blad Greek Blad Griefa er Herti. Bakete	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00				•			97 97	•
GOLDEN VALLEY									\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00	•			•			97 97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200				•			\$0.00 \$85.00	-								
GRAND FORKS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•	•			\$137.92 \$0.00	\$53.90 \$0.00	•			•			97 97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
GRANT	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	11	MedicareBlue PPO Enhanced Plus Rx 2		1	•				\$137.92	\$53.90	•			•			97	•
<u> </u>	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 4	-	+	!	•	-	!	\$0.00 \$25.00	\$0.00	•	 		•		-	97	•
	Occure forizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 100		 	1	•	 		\$25.00	-				 			-	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description							,		Cost	'	<u>'</u>			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	iible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GRIGGS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic Prime Solution Enhanced					•		\$122.53 \$141.53	\$26.53 \$26.53	•			•			91 91	•
HETTINGER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
KIDDER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier Plan 200				•			\$0.00 \$85.00	-								
LA MOURE	Blue Cross Blue Shield of North Dakota				•	Ů			\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•		ļ	•			97	•
ļ	Medica Health Plans	Medicare Advantage Solution Choice				•	-		\$1.87	\$1.87			•		1		90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Part		<u> </u>	Description									Cost		•			erage		Convenience
Part				М			Plan					D	rug Deduct	ible		Type of Coverage	Additional Offered in		
MedicareBlue PPO Estantial Plus Rx 1	County	Organization Name	Plan Name	нмо		Regional PPO	Fee-for-			Total Premium* (Including Drug	Drug	Zero	Reduced		Tiered Copay- ments for		and	Top 100 Drugs on	
MedicareBlue PPO Estantial Plus Rx 1	LOGAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential							\$30.22	_								
Medicarefillue PPO Enhanced Plus Rx 1											\$40.58							90	•
MedicareBlue PPC Enhanced Plus Rx 2			MedicareBlue PPO Enhanced							\$84.02	-								
Humana Insurance Company			MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	•
Secure-Hortzons Direct Secure-Hortzons (Peer Pennar Pian 20) Secure-Hortzons (Peer Pennar Pian 20) Secure-Hortzons (Peer Pia			MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
MCHENRY Blue Cross Blue Shield of North Dakora MedicareBlue PPO Essential												•			•			97	•
MCHENRY Blue Cross Blue Shield of North Dakou MedicareBlue PPO Essential		SecureHorizons Direct																	
MedicareBlue PPO Essential Plus Rx 1			Secure Horizon's Direct Premier Plan 200				•			\$65.00	-								
MedicareBlue PPO Enhanced	MCHENRY	Blue Cross Blue Shield of North Dakota				•													
MedicareBlue PPO Enhanced Plus Rx 1			MedicareBlue PPO Essential Plus Rx 1	ļ		•				\$70.80	\$40.58		•		•			90	•
MedicareBlue PPO Enhanced Plus Rx 2			MedicareBlue PPO Enhanced							\$84.02	-								
Humana Insurance Company Humana Gold Choice PFFS H1804-025 Secure Horizons Direct Premier Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secure Horizons Direct Plan 200 Secur			MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
SecureHorizons Direct SecureHorizons Direct Plan 4 SecureHorizons Direct Plan 5 Secur			MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
SecureHorizons Direct Premier Plan 200 S85.00 S85.0												•			•			97	•
MCINTOSH Blue Cross Blue Shield of North Dakota MedicareBlue PPO Essential		SecureHorizons Direct		1		ļ													
MedicareBlue PPO Essential Plus Rx 1			Securemonizons Direct Fremier Fran 200				•			\$65.00	-								
MedicareBlue PPO Enhanced	MCINTOSH	Blue Cross Blue Shield of North Dakota				•													
MedicareBlue PPO Enhanced Plus Rx 1						•				\$70.80	\$40.58		•		•			90	•
MedicareBlue PPO Enhanced Plus Rx 2			MedicareBlue PPO Enhanced			•				\$84.02	-								
Humana Insurance Company Humana Gold Choice PFFS H1804-025			MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
MCKENZIE Blue Cross Blue Shield of North Dakota MedicareBlue PPO Essential			MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
MedicareBlue PPO Essential Plus Rx 1 • \$70.80 \$40.58 • • 90 • MedicareBlue PPO Enhanced • \$84.02 - • 90 • MedicareBlue PPO Enhanced Plus Rx 1 • \$124.60 \$40.58 • • 90 • MedicareBlue PPO Enhanced Plus Rx 2 • \$137.92 \$53.90 • • 97 • Humana Insurance Company Humana Gold Choice PFFS H1804-025 • \$0.00 • • 97 • SecureHorizons Direct SecureHorizons Direct \$0.00 - • 97 •		Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
MedicareBlue PPO Enhanced • \$84.02 - <	MCKENZIE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential							\$30.22	-								
MedicareBlue PPO Enhanced Plus Rx 1 • \$124.60 \$40.58 • • 90 • Humana Insurance Company Humana Gold Choice PFFS H1804-025 • \$137.92 \$53.90 • • 97 • SecureHorizons Direct SecureHorizons Direct Plan 3 • \$0.00 • • 97 •			MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
MedicareBlue PPO Enhanced Plus Rx 2 • \$137.92 \$53.90 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 97 • 9			MedicareBlue PPO Enhanced			•				\$84.02	-								
Humana Insurance Company Humana Gold Choice PFFS H1804-025 • \$0.00 \$0.00 • • 97 • SecureHorizons Direct SecureHorizons Direct Plan 3 • \$0.00 - • • 97 •			MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
SecureHorizons Direct SecureHorizons Direct Plan 3 • \$0.00 -			MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
												•			•			97	•
		SecureHorizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier Plan 200	 	1		•	<u> </u>	<u> </u>	\$0.00 \$85.00	-	ļ			 				

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	_		111110		110	OCI VICE	ı ıaıı	1 Iuii	1 Territarity	Tremium	2010	recudeca	(ψ200)	Drugs	Offiny	Dianas	Tormulary	Oncica
MCLEAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1			•	1		\$0.00	\$0.00	•			•	1		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
MERCER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 3				•			\$0.00 \$0.00	\$0.00	•			•		ļ	97	•
	Secure Horizons Direct	SecureHorizons Direct Plan 3	1			<u> </u>			\$85.00	-								
MORTON	Blue Cross Blue Shield of North Dakota								\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
MOUNTRAIL	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	ļ	.		•	<u> </u>		\$0.00	\$0.00	•	 		•	1		97	•
-	SecureHorizons Direct	SecureHorizons Direct Plan 2	!	-		•	<u> </u>		\$0.00	-								
		SecureHorizons Direct Premier Plan 200		1		•	l	1	\$85.00	-	1	<u> </u>			1	l		

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NELSON	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
OLIVER	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
	Humana Inguranaa Campanu	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
PEMBINA	Blue Cross Blue Shield of North Dakot	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	<u> </u>			•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200		-		•			\$0.00 \$85.00	-				 			 	
PIERCE	Blue Cross Blue Shield of North Dakot								\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•		l	•	ļ.	1	97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RAMSEY	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential							\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
RANSOM	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
RENVILLE	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			ļ	•			\$0.00	\$0.00	•	ļ		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	ļ	ļ	ļ	•			\$0.00	-		ļ		ļ	 	 		
1		SecureHorizons Direct Premier Plan 200			l	•			\$85.00	-		1	1					

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost					erage		Convenience
			М		Type of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RICHLAND	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025			•				\$137.92 \$0.00	\$53.90 \$0.00							97 97	•
	Medica Health Plans	Medicare Advantage Solution Choice		1		:			\$1.87	\$1.87	•		•	•			90	•
	moded reduit rand	Medica Advantage Solution NonMetroStandard							\$9.00	ψ1.07 -							30	
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•						91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
ROLETTE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
SARGENT	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice		ļ		•	<u> </u>		\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	Medica Insurance Company	Prime Solution Basic		<u> </u>		-	•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced	<u> </u>			1	•		\$141.53	\$26.53	•	l	l	•	1		91	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost		<u> </u>			erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SHERIDAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential							\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
SIOUX	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	•
	Liumana Inguranaa Company	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025							\$137.92	\$53.90							97	
	Humana Insurance Company SecureHorizons Direct	SecureHorizons Direct Plan 2				- :			\$0.00 \$0.00	\$0.00	•			•			97	•
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
SLOPE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
STARK	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1	-		•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana kanasan Osaasa	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
———	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 4	-	 		•			\$0.00 \$25.00	\$0.00	•			•	-		97	•
	Occure IOIIZOIIS DIIECI	SecureHorizons Direct Premier Plan 200	 	1		- : -			\$85.00	-		1		 				

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

					Cost				Convenience								
	Organization Name		М	Type of Advantage	Plan					D	rug Deduc	tible		Type of Additional Coverage Offered in Drug Coverage Gap			
County		Plan Name	нмо	Regional PPO	Private Fee-for- Service	Cost Plan	Demo		Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
STEELE	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential						\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58							90	•
				<u> </u>					φ40.36		•		•			90	•
		MedicareBlue PPO Enhanced		•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1		•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2		•				\$137.92	\$53.90							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic				•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced				•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-								
STUTSMAN	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential						\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1		•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced		•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice			•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard			•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic		1		•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced		1		•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1			•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-								
TOWNER	Blue Cross Blue Shield of North Dakot	a MedicareBlue PPO Essential						\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58		•		•			90	•
	Humana Inguranaa Campani	MedicareBlue PPO Enhanced Plus Rx 2 Humana Gold Choice PFFS H1804-025						\$137.92 \$0.00	\$53.90 \$0.00				•			97 97	•
	Humana Insurance Company	numana Gold Choice PFF5 H1804-025	1	1	•			\$0.00	\$0.00	•			•	1	1	97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	ontracts/plans approved as	•		Cost		<u>′</u>		Convenience										
	Organization Name		Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County		Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
TRAILL	Blue Cross Blue Shield of North Dakota	a MedicareBlue PPO Essential							\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
WALSH	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		1		•			\$0.00	\$0.00	•			•			97	•
WARD	Blue Cross Blue Shield of North Dakota								\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
	Humana Ingurana Campan	MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
-	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1	1	1	•			\$0.00	\$0.00	•	1		•	1		97	•
-	SecureHorizons Direct	SecureHorizons Direct Plan 2	1	1		•			\$0.00	<u> </u>	<u> </u>			1	 			├ ──
		SecureHorizons Direct Premier Plan 200	l		1	•			\$85.00	-	l	1	l .	1	l .	l .		

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						Convenience										
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WELLS	Blue Cross Blue Shield of North Dak	kota MedicareBlue PPO Essential							\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 200				•			\$25.00 \$85.00	-								
		SecureHorizons Direct Premier Plan 200	1			•			\$85.00	-								
WILLIAMS	Blue Cross Blue Shield of North Dak	kota MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								